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SUNDAY TIMES
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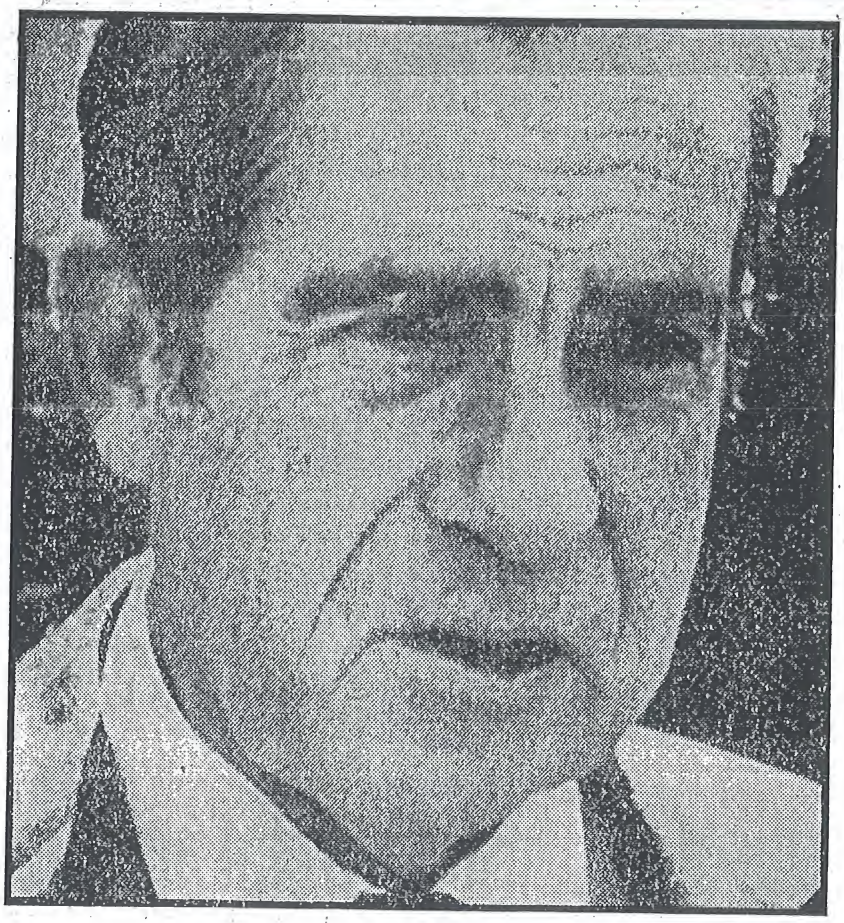
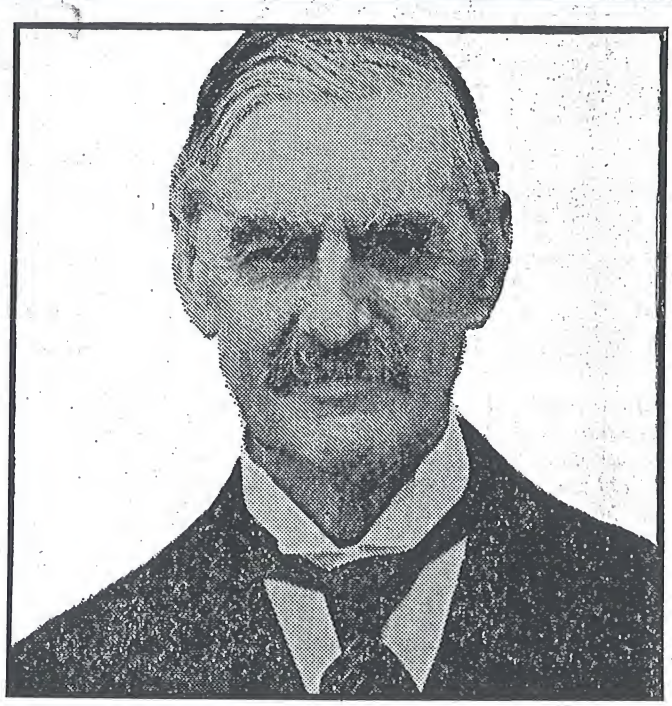
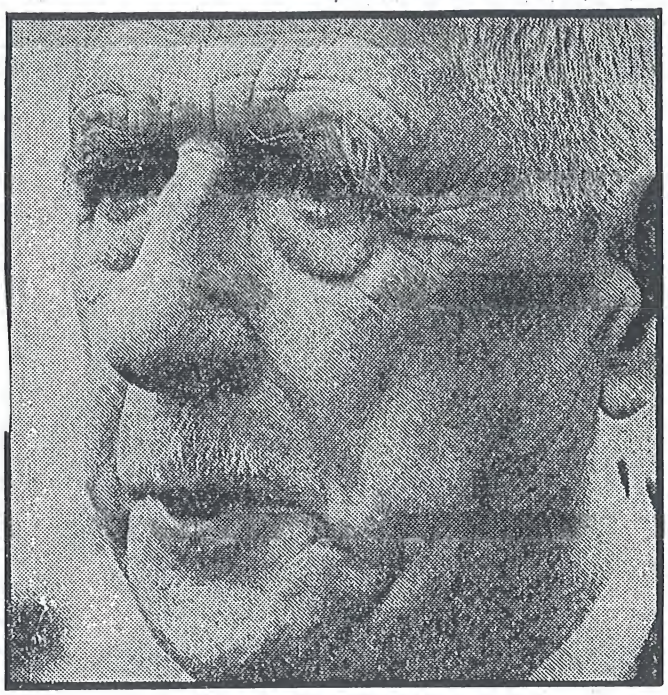




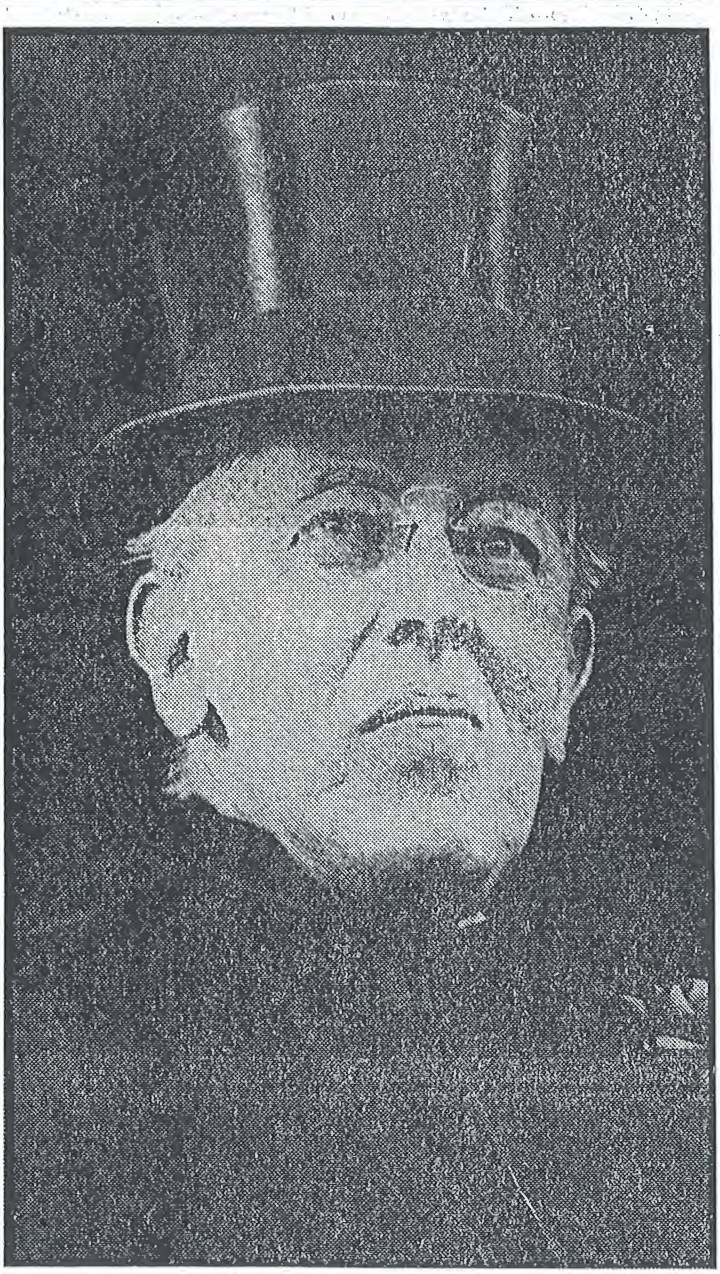
Neville Chamberlain was brought near to a mental breakdown by his negotiations with Hitler which ended in the Munich agreement. He resigned office on May 10, 1940 and died on November 9 that year. All Chamberlain's hopes were shattered by the war; he had nothing more to live for after the failure of his policy of appeasement. Iain Macleod suggests in his biography that the trauma may have caused the spread of cancer.

review
NOVEMBER 10 1974

TIO PEPE
sherry
IT—S COOL ON THE ROCKS



General De Gaulle resigned from office in May 1969 after being defeated in a national referendum over regionalisation. He died a little more than a year later, not from old age but from a heart attack, caused perhaps by his final defeat. He was 79 and apart from a prostate operation in 1964 and rumours of arteriosclerosis in 1967 had always been in good health. The crucial third volume of his memories, dealing with 1968, remained unwritten.



Woodrow Wilson died after several strokes at the age of 58 —three years after leaving office—in February 1924. After one serious stroke, his doctors advised him not to resign because they feared that he would lose the will to live. For seventeen months the presidency was run by the president's wife, his doctor and his secretary.

During former President Nixon's illnesses the question of whether he still has the will to live has been seriously raised. The idea that a man might actually will himself to die has not previously been accepted by medical science. Yet, as our Medical Correspondent, **Oliver Gillie**, shows here, there is mounting scientific evidence of a direct connection between the brain and the heart. Mental stress, it now seems, may cause a man to die

THE WILL TO LIVE— THE WILL TO DIE

ONE DAY IN 1944 when the second Wingate expedition was operating in enemy occupied Burma a Japanese officer was brought into the forward clearing hospital in Sylhet in East Pakistan. He was the first Japanese officer to be captured in the area and might have supplied important information. It was most unusual to capture a Japanese, particularly an officer, alive. Most Japanese blew themselves up with a grenade rather than accept dishonour.

The Japanese officer refused to eat and drink and so had to be fed through a vein by a young RAMC major who was given the job of keeping him alive. In theory it should have been possible to keep him alive indefinitely by a drip feed since he was not wounded and was not suffering from any of the common tropical diseases. But within 19 days he was dead. None of the doctors could explain how he died and the young major had some difficulty convincing army officers that he had not been incompetent. Capture had humiliated the Japanese and the doctors could do nothing to reverse his death wish.

Disgrace and rejection by society may remove a person's will to live. Depressed and lost they may still continue for weeks or months before they go. Lyndon Johnson and Neville Chamberlain both died after seeing the failure or rejection of their policies. They appeared to lose the will to live. Now Richard Nixon, dismissed from office and disgraced, has experienced a sudden deterioration in health. Doctors say that they have stabilised his medical condition but this will only be temporary if Nixon has lost his will to live.

The importance of the will to live is recognised in folklore and literature but until recently it was not recognised by medical science. Academic medicine, dominated by biological and physical concepts, had no place for a psychosomatic theory of death. Experienced doctors nevertheless have always understood the importance of the will to live, but until now it has been a mystery how the will can sustain an ailing body or how the will to die can crumple a healthy person in his prime.

Now evidence is accumulating to show the importance of the will to live and how a person may die of fright, of a broken heart or a broken spirit. The basic cause in these circumstances is psychological stress which builds up to a point which the body can no longer stand, ending with a heart attack, stroke or rapidly deteriorating illness.

The most spectacular example of loss of will to live is found in primitive societies when the chief points a bone at someone who then goes to his hut and within days is dead. This phenomenon — called "Voodoo death"—has been observed too often to be denied.

A. G. Leonard in an account of travels in the Lower Niger written in 1906 says, for example: "I have seen more than one hardened old Haussa soldier dying steadily and by inches because he believed himself to be bewitched; no nourishment or medicines that were given to him had the slightest effect either to check the mischief or to improve his condition in any way, and nothing was able to divert him from a fate which he considered inevitable."

The only hope for a person

who has been cursed is for the sorcerer to remove the spell or for someone else to cast another more potent spell. A case of this kind is recorded by the American anthropologist Arthur B. Cannon. Nebo, a powerful local witch-doctor in North Queensland pointed a bone at Rob, chief helper at the Mission station. Rob immediately became seriously ill and extremely weak but had no signs or symptoms of disease, when examined by a doctor. When the doctor learnt of the curse, he sent for the witch-doctor and threatened to cut off his supply of food and drive his people away if anything happened to Rob. Nebo then told Rob that it was all a misunderstanding and that he had not really pointed a bone at him. Rob rapidly recovered.

Voodoo death may also apparently occur when a person inadvertently breaks a taboo. William Brown records in his book **New Zealand and its Aborigines (1845)** how a woman ate some fruit and afterwards was told it came from a taboo place. She believed that she had profaned the sanctity of her chief and that his spirit would kill her—she died within a day.

Pointing a bone at someone is a signal for the rest of the group to reject him. Relatives and friends withdraw their support and the cursed person is an outcast, desperately alone. The only escape is death.

In our own society presentation of a silver watch and speeches of congratulation at a discreet ceremony may act as the metaphorical bone. The persons are in effect told in the nicest possible way that they are no longer wanted. And if they are not prepared with plans for their retirement they may be dead within months if not weeks.

Richard Nixon as the fallen chief is even more vulnerable. The only psychological medicine with any potency left to restore him to a place in life is the grace and favour of the new chief. President Ford has obliged by providing the most potent medicine he could—a pardon. The pardon might perhaps have cured Nixon if it had not been so widely condemned by the public. Last week Ford visited Nixon and used his medicine once more. Nixon seemed to rally, but no medicine is powerful enough to exorcise his disgrace for long.

In our society people rarely die from magic or curses but other equally powerful factors can conspire to cause the same psychosomatic stresses which end in sudden death. Dr George L. Engel, a psychiatrist in the University of Rochester School of Medicine, New York, has made a special study of the circumstances under which people die suddenly by collecting stories reported in his local newspaper over a period of six years. He collected 170 cases altogether and so was able to study the events associated with the deaths.

Ten of these people died at a time when they suffered a severe loss of status or self-esteem.

"A well-known 41-year-old sports figure was supremely confident that he would be appointed manager of a professional team and had already indicated so to the Press. He was with his family awaiting notification when the disappointing news reached him. Visibly crestfallen, he walked out of the house with his brother-in-law, when purely by chance a stranger jumped into the brother-in-law's car and sped off. Thinking it was being stolen, he impulsively leaped into his own car and gunned away from the curb in pursuit. He was found dead slumped over the wheel a few blocks away."

When Charlie was shot Josephine declined to live

"A 57-year-old man died two weeks before the demolition of the hotel where he had been employed for more than 30 years. A friend said, 'He was a lonely man, it was his whole life'."

"A 56-year-old man died a week before the closing of a highly successful business he and his brother had founded with a $500 loan 32 years earlier."

Dr Engel found 36 cases of

people dying suddenly almost immediately they heard the news of the death of a close relative—usually the husband or wife. Most of these people were elderly, but two were teenagers. One 14-year-old girl dropped dead when told of 17-year-old brother's death and an 18-year-old girl died when told of the death of her 80-year-old grandfather who had helped to raise her. Some of the people were recorded as dying while exclaiming that they could not live without the dead person and others died during frantic activity to save them such as mouth-to-mouth respiration.

Another 36 people were recorded by Dr Engel as dying within a period of a few hours to 16 days after their loss. Most of these people died of heart attacks but three who were suffering from cancer, which was not terminal, suddenly worsened and died. Another twenty-one people died when close friends or relatives were threatened with death or during the anniversary of a death. "A 17-year-old boy collapsed and died at 6 am, 4 June 1970; his brother had died at 5.12 am, 4 June 1969 of multiple injuries incurred in an auto accident. The cause of the younger boy's death was a massive brain haemorrhage."

Fifty-six people studied by Dr Engel were scared to death—they died suddenly in a situation of danger or threat. Two women involved in shipwrecks gave up and died on learning that their children had been swept overboard. "A 35-year-old man accused of robbery told his lawyer 'I'm scared to death!' then collapsed and died." A three-year-old child died when caught in a downpour and a four-year-old while having some teeth out.

A person may loose his will to live when faced with disturbing events which are impossible to ignore. The events are usually irreversible and flood the person with overwhelming emotion. Often the person will no longer believe that he has control over himself and with this loss of control goes the loss of will to live. Some people like a cornered animal—die struggling with impossible events and others give up calmly and await death.

Dr Engel believes that animals may die suddenly from emotional shock in the same way as people—showing that the phenomenon is not simply a result of our higher mental functions or our intricate social system. Dr Engel quotes the case of two llamas called Charlie and Josephine who were inseparable companions for 13 years. They escaped from their pen in a snowstorm and Charlie who, after his escape, was "unmanageable" was precipitately shot by police. Josephine who was standing nearby then slowly approached Charlie and sank to her knees. She rested her head silently on his bloody body and refused to move. She appeared to witnesses to be suffering from overwhelming grief. Josephine died 15 minutes later. Her keeper said that her health was absolutely normal the day before.

The will to live is most important in a patient facing a surgical operation. Most surgeons will refuse to operate on a person who is convinced that he is going to die even if they believe that the person's chances are extremely good. Patients who are deeply anxious about an operation can usually be reassured but nothing seems able to change the mind of those rare patients who really believe that they will die. Five such cases have been studied by two psychiatrists, Dr Avery Weisman at Harvard Medical School and Dr Thomas Hackett at Massachusetts General Hospital.

They quote the case of a 61-year-old immigrant tailor who went into shock upon recovering from an uncomplicated operation to remove a diseased testicle. The surgeon could find no explanation. When the patient's wife was told of her husband's critical condition she said: "Then the soothsayer was right, he will die." Forty years before the tailor had been told by a fortune teller that he would die in his sixtieth year. He discovered the diseased testicle shortly after his sixtieth birthday and had avoided an operation until he was faced with cancellation of his life insurance policy. When the tailor recovered from the near fatal shock he admitted to psychiatrists that he had believed he was certain to die, although now he laughed it off.

A doctor who tells a person he has cancer may inadvertently give the person a premature death sentence. The majority of people are relieved to hear the truth and glad to be given time to prepare their affairs even though they have years to live. But a few people react to being told they have cancer as if it was an immediate death sentence and die rapidly before the malignancy develops. A big man proud of his virility is perhaps most likely to react in this way. He may laugh and joke at the news as if he did not seriously believe it but overnight his manner changes and he is mentally transformed. Dr G. W. Milton, consultant in a cancer clinic in Sydney, says the patient then literally turns his face to the wall and covers his head with the bedclothes. He does not complain of pain, shows blank indifference to everything and within a month is almost always dead. At post mortem no adequate explanation can be found why the patient died so soon.

Cancer patients who feel that nothing can be done for them easily lose the will to live. If the patient then goes to another clinic where doctors show a new interest he will usually regain the will to live even though the treatment has done nothing more to arrest the

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